

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093658

1. Entity Name

CEDAR FINANCIAL SERVICES, INC.

Principal Place of Business

2363 FOREST PARK DRIVE
MELBOURNE FL 32935

Mailing Address

2363 FOREST PARK DRIVE
MELBOURNE FL 32940-6428

2. Principal Place of Business

1232 FOXRIDGE PLACE

Suite, Apt. #, etc.

3. Mailing Address

1232 FOXRIDGE PLACE

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip

32940

Country

USA

Zip

32940

Country

USA

4. FEI Number

59-3476512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNG, OON SOO
2363 FOREST PARK DR.
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

UNG, OON SOO

Street Address (P.O. Box Number is Not Acceptable)

1232 FOXRIDGE PLACE

City

MELBOURNE

FL

Zip Code

32940

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS UNG, OON SOO
CITY-ST-ZIP 2363 FOREST PARK DR
MELBOURNE FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS UNG, OON SOO
CITY-ST-ZIP 1232 FOXRIDGE PLACE
MELBOURNE, FL 32940

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS NGO, CINDY S.L.
CITY-ST-ZIP 1232 FOXRIDGE PLACE
MELBOURNE, FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED UNG

1/25/2000

(321) 255 1723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90014 039 ***150.00



DO NOT WRITE IN THIS SPACE